



ZFW

PATENT
5606-1001

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of

Frederic SGIER et al. Conf. 4613

Application No. 10/766,911 Group 3738

Filed: January 30, 2004 Examiner Unassigned

TITLE: VERTEBRAL ARTHRODESIS DEVICE

LETTER SUBMITTING
SUPPLEMENTAL APPLICATION DATA SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

March 22, 2006

Sir:

We enclose herewith the substitute Application Data Sheet (ADS), changing the attorney docket number from 0573-1008 to 5606-1001. No new matter is added.

Respectfully submitted,

YOUNG & THOMPSON

By 
Robert J. Patch, #17,355
Attorney for the Applicants
745 South 23rd Street, Suite 200
Arlington, Virginia 22202
(703) 521-2297

RJP:jlw



Supplemental Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: VERTEBRAL ARTHRODESIS DEVICE
Attorney Docket Number:: ~~0573-1008~~ **5606-1001**
Request for Early
Publication?::
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: FREDERIC
Middle Name::
Family Name:: SGIER
City of Residence:: LUZERN
State or Province of
Residence::
Country of Residence:: SWITZERLAND
Street of Mailing SONNBUHL STRASSE 9
Address::
City of Mailing Address:: LUZERN
State or Province of Mailing Address::
Country of Mailing Address:: SWITZERLAND
Postal or Zip Code of Mailing Address:: 60006

Applicant Authority Type:: Inventor

Primary Citizenship Country::
Status:: Full Capacity
Given Name:: JEAN JACQUES
Middle Name::
Family Name:: MARTIN
City of Residence:: BOURG EN BRESSE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 13 BOULEVARD VICTOR HUGO
Address::
City of Mailing Address:: BOURG EN BRESSE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-01000

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

| | |
|-------------------------|--------|
| Representative Customer | 000466 |
| Number:: | |

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | | |
| | | | |

Assignment Information

Assignee Name::
Street of Mailing Address::

City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::